2005 TRICARE Conference

Fit for Life

Healthy Force, Healthy Families

Motivational Interviewing: Talking to Your Patients about Healthy Lifestyles

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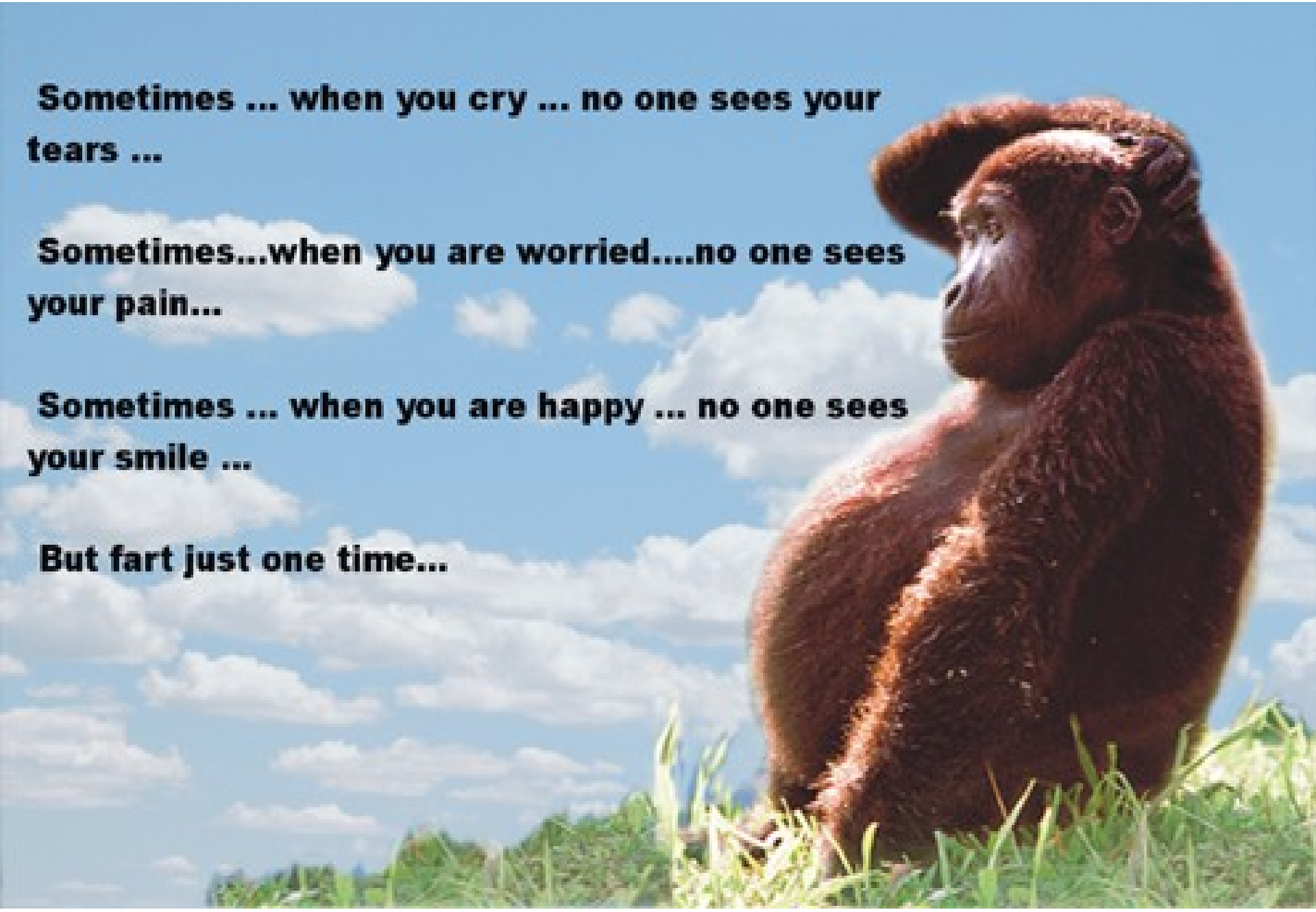
TRICARE

SOME THINGS TO REFLECT ON:

- **Managing an illness requires change (behavior modification)**
- **$1 trillion in health care costs last year**
- **51% behavioral**
- **Currently affecting 2%**
- **The rate of adherence to medication regimens has not changed in 40 years – lifestyle changes are worse**

KEY CONCEPTS

- **Ambivalence**
- **Resistance**
- **Goals**
- **Dissonance**
- **Readiness**
- **Importance**
- **Confidence**
- **Decisional Balance**
- **Autonomy**
- **Respect**


Sometimes ... when you cry ... no one sees your tears ...
Sometimes...when you are worried....no one sees your pain...
Sometimes ... when you are happy ... no one sees your smile ...
But fart just one time...

Biomedical and Psychosocial

- Practitioner centered
- Information giving
- “Save” the patient
- Dictate behavior
- Compliance
- Authoritarian (P-C)
- Motivate the patient
- Persuade, manipulate
- Resistance is bad
- Argue
- Respect expected

- Patient centered
- Information exchange
- Patient “saves” self
- Negotiate behavior
- Adherence
- Servant
- Assess motivation
- Understand, accept
- Resistance is information
- Confront
- Respect earned

Transtheoretical Model

- **Most people who are faced with change are not ready to take action (70%)**
  - **smoking example**
  - **disease management**
- **Several stages must be passed through *BEFORE* action occurs**
- **Object is to move people from one stage to the next, *NOT* directly to action**
- **Stage specific communication skills and strategies are required**

Processes of Change

- Consciousness raising
- Self reevaluation
- Social reevaluation
- Counter conditioning
- Stimulus control
- Self-efficacy
- Self liberation
- Social liberation
- Dramatic relief
- ***Helping relationships***

The Stages of Chang
Approach

Precontemplation

↓

Contemplation

↓

Preparation

↓

Action

↓

Maintenance

Step 1: **Assess the patient**
stage of readiness to adh
to the prescribed regimen

Step 2: **Help patient to m**
forward in the stage cont
by using stage-specific, ta
messages.

Motivational Interviewing A Definition

Motivational interviewing is:

* person-centered
* directive
* **method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.**

The Spirit of Motivational

- Collaboration
- Evocation
- Autonomy

Motivational Interviewing

- **Developed to identify stage of readiness of patient**
- **Create a favorable climate for change**
- **Use stage specific skills and strategies to move people forward**
- **Addresses ambivalence and resistance**
- **Takes 3-5 minutes**

The Menu of Strategies

- **Opening strategy: lifestyle—how does the patient view it?**
- **A typical day—what's the routine?**
  - **Needed for tailoring**
  - **Identifying dietary needs/problems**
  - **Exercise**

The Menu of Strategies

- ***The good things and less good things*—what do they like and dislike about the proposed changes? What is their representation of the illness and its treatment? Do they agree with the MD? Do they believe they can do what is asked? What will help? What are the barriers?**
- **Providing Information**

The Menu of Strategies

- ***The future and the present*** **— additional concerns**
- ***Helping with decision making***
  - **“What are your thoughts now about managing your…”**
  - **“Where does this leave you now?”**
  - **“Do you anticipate having any help?”**
- **ELICIT → PROVIDE → ELICIT**

The Five General Principles of Motivation Interviewing

- **R**oll with resistance
- **E**xpress empathy
- **A**void argumentation
- **D**evelop discrepancy
- **S**upport self-efficacy
- **R E A D S**

SUMMARY - Elicit Change Talk

- Asking Evocative Questions
- Explore Readiness
- Exploring the Decisional Balance
- Elaborating
- Querying Extremes
- Looking Back / Looking Forward
- Exploring Goals and Values

GAWPOW

Suggested Readings

- **Miller, W.R., and Rollnick, S., *Motivational Interviewing*, The Guilford Press, London, 2002.**
- **Prochaska, J., and DiClemente, C., "Toward a Comprehensive Model of Change," In: Miller, W.R., Heather, N. (eds.): *Treating Addictive Behaviors: Processes of Change*, The Plenum Press, New York, 1986.**
- **Rollnick, Stephen, et.al., "Health Behavior Change,"Churchill Livingstone, London, 2003.**
- **Berger, B.A., Hudmon, K.S., "Readiness for Change: Implications for Patient Care," *Journal of the APhA*, May/June, 1997, pp. 321-329.**
- **Johnson, S.S., Grimley, D.M., and Prochaska, J.O., "Prediction of Adherence Using the Transtheoretical Model: Implications for Pharmacy Care Practice," *Journal of Social and Administrative Pharmacy,* Vol 15, No. 3, 1998, pp. 135-148.**

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